

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|  |                            |
|--|----------------------------|
| <010> Study Area Code  | 351259                     |
| <015> Study Area Name  | NORTHERN IOWA TEL CO       |
| <020> Program Year   | 2016                       |
| <030> Contact Name: Person USAC should contact with questions about this data      | Ryan Boone                 |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 7127223451 ext.            |
| <039> Contact Email Address: Email of the person identified in data line <030>     | rboone@mypremieronline.com |

| ANNUAL REPORTING FOR ALL CARRIERS  |  | 54.313<br>Completion<br>Required    | 54.422<br>Completion<br>Required    |
|--|--|-------------------------------------|-------------------------------------|
|  |  | (check box when complete)           |                                     |
| <100> Service Quality Improvement Reporting  | (complete attached worksheet)                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <200> Outage Reporting (voice)   | (complete attached worksheet)                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <300> Unfulfilled Service Requests (voice)   | 0  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <310> Detail on Attempts (voice)   | <div></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <320> Unfulfilled Service Requests (broadband)   | 0  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <330> Detail on Attempts (broadband)   | <div></div><br>(attach descriptive document) | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <400> Number of Complaints per 1,000 customers (voice)   |  |                                     |                                     |
| <410> Fixed  | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile   | 0.0  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)   |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <440> Fixed  | 0.0  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <450> Mobile   | 0.0  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <500> Service Quality Standards & Consumer Protection Rules Compliance   | (check to indicate certification)            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <div>351259ia510.pdf</div>   | (attached descriptive document)              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations  | (check to indicate certification)            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <div>351259ia610.pdf</div>   | (attached descriptive document)              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)  | (complete attached worksheet)                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <710> Company Price Offerings (broadband)  | (complete attached worksheet)                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <800> Operating Companies and Affiliates   | (complete attached worksheet)                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>                                    | (if yes, complete attached worksheet)        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1000> Voice Services Rate Comparability Certification   | Yes <input type="checkbox"/>                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <1010> <div></div>   | (attach descriptive document)                | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/> | (if not, check to indicate certification)    | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1110>   | (complete attached worksheet)                | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <1200> Terms and Condition for Lifeline Customers  | (complete attached worksheet)                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|        |                                   |                          |                          |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet)     | <input type="checkbox"/> | <input type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |                                     |                          |
|--------|-----------------------------------|-------------------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

|  |  |
|--|--|
| <b>(100) Service Quality Improvement Reporting<br/>Data Collection Form</b>      |  |
| FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |

|       |   |  |
|-------|---|--|
| <010> | Study Area Code   | 351259   |
| <015> | Study Area Name   | NORTHERN IOWA TEL CO   |
| <020> | Program Year  | 2016   |
| <030> | Contact Name - Person USAC should contact regarding this data<br>Ryan Boone   |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>   | 7127223451 ext.  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>   | rboone@mypremieronline.com   |
| <110> | Has your company received its ETC certification from the FCC?<br>If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC? | <div><input checked="" type="radio"/> (yes / no)</div> <div><input type="radio"/> (yes / no)</div> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

|       |  |                           |
|-------|--|---------------------------|
| <113> | Maps detailing progress towards meeting plan targets   | <div>Yes</div>            |
| <114> | Report how much universal service (USF) support was received   | <div>Yes</div>            |
| <115> | How much (USF) was used to improve service quality and how support was used to improve service quality   | <div>Yes</div>            |
| <116> | How much (USF) was used to improve service coverage and how support was used to improve service coverage | <div>Yes</div>            |
| <117> | How much (USF) was used to improve service capacity and how support was used to improve service capacity | <div>Yes</div>            |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.                | <div>Not Applicable</div> |









|  |  |  |  |
|--|--|--|--|
| <b>(900) Tribal Lands Reporting<br/>Data Collection Form</b> |  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |
|--|--|--|--|

|       |   |                            |
|-------|---|----------------------------|
| <010> | Study Area Code   | 351259                     |
| <015> | Study Area Name   | NORTHERN IOWA TEL CO       |
| <020> | Program Year  | 2016                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Ryan Boone                 |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7127223451 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com |

|       |                                    |  |
|-------|------------------------------------|--|
| <910> | Tribal Land(s) on which ETC Serves |  |
|-------|------------------------------------|--|

|       |   |  |
|-------|---|--|
| <920> | Tribal Government Engagement Obligation |  |
|-------|---|--|

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>Yes or No or<br>Not Applicable |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|   |  |   |  |
|---|--|---|--|
| <b>(1100) No Terrestrial Backhaul Reporting</b> |  | FCC Form 481  |  |
| <b>Data Collection Form</b>                     |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |  |
|   |  | July 2013   |  |

|       |   |                            |
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| <015> | Study Area Name   | NORTHERN IOWA TEL CO       |
| <020> | Program Year  | 2016                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 |                            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | Ryan Boone 7127223451 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com |

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).



|  |  |   |
|--|--|---|
| <b>(1200) Terms and Condition for Lifeline Customers</b> |  | FCC Form 481  |
| <b>Lifeline</b>  |  | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| <b>Data Collection Form</b>                              |  | July 2013   |

|       |   |                            |
|-------|---|----------------------------|
| <010> | Study Area Code   | 351259                     |
| <015> | Study Area Name   | NORTHERN IOWA TEL CO       |
| <020> | Program Year  | 2016                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Ryan Boone                 |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7127223451 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com |

|        |  |  |
|--------|--|--|
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | <div>351259ia1210.pdf</div> <div>Name of Attached Document</div> |
| <1220> | Link to Public Website                               | HTTP   |

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

|        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

|   |   |  |
|---|---|--|
| <b>(2000) Price Cap Carrier Additional Documentation</b><br><b>Data Collection Form</b><br><i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
| <010>   | Study Area Code   |  |
| <015>   | Study Area Name   | 351259   |
| <020>   | Program Year  | NORTHERN IOWA TEL CO   |
| <030>   | Contact Name - Person USAC should contact regarding this data                 | 2016   |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>     | KYAN BOONE<br>712723441 ext.   |
| <039>   | Contact Email Address - Email Address of person identified in data line <030> | kboone@myprimeronline.com  |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

|         |  | Name of Attached Document(s) Listing Required Information |
|---------|--|---|
| <2010>  | <b>Incremental Connect America Phase I reporting</b>   |   |
| <2011a> | 2nd Year Certification {47 CFR § 54.313(b)(1)i}  |   |
| <2011b> | 3rd Year Certification {47 CFR § 54.313(b)(1)ii}   |   |
| <2011b> | Attachment {47 CFR § 54.313(b)(1)iii}  |   |
| <2012>  | <b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>   |   |
| <2013>  | 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}  |   |
| <2013>  | 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}  |   |
| <2014>  | 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}  |   |
| <2015>  | 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}   |   |
| <2016>  | <b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>  |   |
| <2016>  | Certification Support Used to Build Broadband  |   |
| <2017>  | <b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>   |   |
| <2018>  | 3rd year Broadband Service Certification   |   |
| <2019>  | 5th year Broadband Service Certification   |   |
| <2019>  | Interim Progress Certification   |   |
| <2020>  | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(iii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. |   |
| <2021>  | Interim Progress Community Anchor Institutions   |   |

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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| <030> | Contact Name - Person USAC should contact regarding this data                 | Ryan Boone                 |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7127223451 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)

Progress Report on 5 Year Plan

Milestone Certification (47 CFR § 54.313(f)(1)(ii))

351259ia3010.pdf

Name of Attached Document Listing Required Information

(3011)

Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☒

(3012)

Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

351259ia3012.pdf

Name of Attached Document Listing Required Information

(3013)

Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014)

If yes, does your company file the RUS annual report

☒

☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)

Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

☐

(3016)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(Yes/No)

(Yes/No)

(3017)

If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018)

If the response is no on line 3014, Is your company audited?

☒

☒

(3019)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019)

Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

☒

(3020)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021)

Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

☒

☒

(3021)

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)

Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

☐

(3023)

Underlying information subjected to a review by an independent certified public accountant

☐

☐

(3024)

Underlying information subjected to an officer certification.

(3025)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

351259ia3026.pdf

Name of Attached Document Listing Required Information

(3026)

Attach the worksheet listing required information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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| <015> | Study Area Name   | NORTHERN IOWA TEL CO       |
| <020> | Program Year  | 2016                       |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Ryan Boone                 |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7127223451 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com |



Financial Data Summary

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7127223451 ext.            |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients  |   |
|---|---|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |
| Name of Reporting Carrier: NORTHERN IOWA TEL CO   |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 06/19/2015                           |
| Printed name of Authorized Officer: Douglas Boone   |   |
| Title or position of Authorized Officer: CEO  |   |
| Telephone number of Authorized Officer: 7127223451 ext.   |   |
| Study Area Code of Reporting Carrier: 351259  | Filing Due Date for this form: 07/01/2015 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

**Certification - Agent / Carrier  
Data Collection Form**

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|   |                            |
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| <015> Study Area Name   | NORTHERN IOWA TEL CO       |
| <020> Program Year  | 2016                       |
| <030> Contact Name - Person USAC should contact regarding this data                 | Ryan Boone                 |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7127223451 ext.            |
| <039> Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                |
|--|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                |
| Name of Authorized Agent:  |                                |
| Name of Reporting Carrier:   |                                |
| Signature of Authorized Officer:   | Date:                          |
| Printed name of Authorized Officer:  |                                |
| Title or position of Authorized Officer:   |                                |
| Telephone number of Authorized Officer:  |                                |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                |
| Name of Reporting Carrier:   |                                |
| Name of Authorized Agent or Employee of Agent:   |                                |
| Signature of Authorized Agent or Employee of Agent:  | Date:                          |
| Printed name of Authorized Agent or Employee of Agent:   |                                |
| Title or position of Authorized Agent or Employee of Agent:  |                                |
| Telephone number of Authorized Agent or Employee of Agent:   |                                |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                |

## Attachments

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 112**

**ATTACHMENT REDACTED IN ENTIRETY**



Line 510 – Description of Compliance with Service Quality Standards and Consumer Protection Rules:

Northern Iowa Telephone Company (“Company”) certifies that it has complied and will continue to comply with applicable state and FCC service quality and consumer protection standards. Specifically, Company is required to certify on an annual basis with the Iowa Utilities Board that it is complying with applicable service quality standards and consumer protection rules. Company also monitors and reports certain service quality metrics in accordance with IAC §199-22.6.

Company is also subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

In addition, Company has implemented multiple consumer protection measures to protect the consumer against fraud and to protect customer information from improper use and disclosure. These measures include implementing both a Customer Proprietary Network Information policy that complies with FCC rules and regulations and a Red Flag policy that complies with FTC rules and regulations. Both policies require training for all employees which includes authenticating customers, identifying/protecting customer proprietary information, detecting & preventing identity theft, and reviewing Company’s disciplinary process. Company has also appointed a Compliance Officer to oversee both policies and respond to any employee questions. Finally, Company restricts access to customer information to only those employees who need access to perform their job functions.

#### Line 610 – Description of Functionality in Emergency Situations:

Northern Iowa Telephone Company (“Company”) certifies that it has followed and continues to follow industry best practices that are designed to allow Company’s voice and broadband services to remain functional in emergency situations. These best practices include maintaining back-up power, utilizing redundancy within our network, and managing traffic capacity.

##### Back-Up Power:

Company maintains an 8 hour minimum battery back up at all central office and remote office locations. In addition to battery backup, each location has a permanent natural gas or propane generator which is designed to automatically turn on in the event of a power failure. Company also maintains a 6 hour minimum battery back up at all field terminal locations. In the event of a sustained power outage, Company has approximately 20 gas-powered, portable generators to power its field terminal locations. Finally, customer locations with ONT’s and/or eMTA’s are equipped with 8 hour battery backup. Company also takes proactive measures by conducting monthly testing on generators and performing real-time monitoring of commercial power & generator activity within all levels in its network. All measures above support both voice and broadband network equipment should an emergency situation occur.

##### Network Redundancy:

Company has utilized industry best practices to build redundancy into every facet of its network. Specifically, every central office and remote office location has redundant fiber routes into its premise. Company utilizes both a fully-redundant regional second-mile and state-wide middle-mile fiber transport ring with all traffic (voice & broadband) able to terminate to multiple locations within the state. Company also maintains redundancy in equipment (voice & broadband) that is designed to automatically “fail-over” in the event one piece of equipment fails, in addition to keeping spares on hand.

##### Managing Traffic Capacity:

Company’s network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. This includes maintaining network capacity (voice & broadband) that is typically not fully utilized under normal circumstances and employing industry best practices to manage traffic flow and capacity in times of unusual network use, such as emergency situations.





FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                                 |
|-------|---|---------------------------------|
| <010> | Study Area Code   | 351259                          |
| <015> | Study Area Name   | NORTHERN IOWA TEL CO            |
| <020> | Program Year  | 2016                            |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Ryan Boone                      |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7127223451 ext .                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rboone@mypremieronline.com      |
| <810> | Reporting Carrier   | Northern Iowa Telephone Company |
| <811> | Holding Company   | Mutual Telephone Company (IA)   |
| <812> | Operating Company   | Northern Iowa Telephone Company |

[illegible]

## Line 1200 – Lifeline Plans Terms and Conditions

Northern Iowa Telephone Company d/b/a Premier Communications is a telecommunications provider who provides basic and enhanced services within its service territory, including services supported by Federal Universal Service funds and eligible for Federal Lifeline assistance. Basic services are offered at the following rates and charges:

### Monthly Service Charges

|  |         |
|--|---------|
| Single party residential service (unlimited local calling) |         |
| - Granville, Little Rock, Matlock, Maurice & Sanborn       | \$16.00 |
| - Hinton   | \$19.75 |
| Federal Subscriber Line Charge – Single Line               | \$ 6.50 |

Customers of basic residential service have access to long distance, directory assistance, and operator service providers of their choice, at rates established by those carriers. Toll Blocking is available at no charge for low income customers that qualify. Emergency 911 Services are provided and a surcharge is assessed at governmental rates.

Basic residential service is available as a Lifeline service. Lifeline is a government benefit program which provides a monthly credit toward a qualified low-income subscriber's telephone bill. Only eligible low-income consumers may enroll in the Lifeline program. Consumers who meet eligibility criteria must also complete documentation necessary for enrollment. Lifeline assistance is non-transferable, and eligible subscribers may receive assistance from only one wireline or wireless telecommunications provider per household. Consumers who willfully make false statements in order to obtain Lifeline benefits can be punished by fine or imprisonment or can be barred from the program. If you have any questions regarding the company's services or you want to apply for Lifeline telephone assistance, application forms can be obtained from our office location at: 309 Main St., Sanborn, IA or call our toll free number 1-800-741-8351.

## SERVICE CHARGES

## B. LIFELINE ASSISTANCE

1. The Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal support amount defined in 47 CFR 54.403.
2. Eligibility Requirements  
To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:
  - a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
  - b. Supplemental Nutrition Assistance Program (SNAP)
  - c. Supplemental Security Income (SSI)
  - d. Federal public housing assistance
  - e. Low-Income Home Energy Assistance Program (LHEAP)
  - f. Temporary Assistance for Needy Family (TANF)
  - g. National School Lunch Program

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

A Lifeline customer may only receive assistance from one wireline or one wireless telephone provider per household.

3. Application for Assistance  
An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.
4. Rates
  - a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
  - b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address

## LOCAL EXCHANGE SERVICE

Central Office Access Lines extend between the central office equipment of the Company and the demarcation point located on the premises of the customer. Rates for Central Office Access Lines are shown in paragraph B. below. The rates and charges contained herein are in addition to all other applicable rates and charges located in other parts of this service catalog.

## B. RATES

EXCHANGE NAME: Granville

Includes Extended Area Service To: None

All applicable rates below apply.

|  | <u>Monthly<br/>Rate</u> |
|--|-------------------------|
| 1. CENTRAL OFFICE ACCESS LINE          |                         |
| a. WITHIN THE BASE RATE AREA           |                         |
| BUSINESS SERVICE                       |                         |
| Individual Line.....                   | \$20.00                 |
| Key System Line .....                  | \$20.00                 |
| PBX Trunk Line .....                   | \$20.00                 |
| RESIDENCE SERVICE                      |                         |
| Individual Line.....                   | \$16.00                 |
| 2. PAY TELEPHONE SERVICE               |                         |
| a. PAY CENTRAL OFFICE ACCESS LINE..... | \$20.00                 |

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address



## LOCAL EXCHANGE SERVICE

## C. CONDITIONS

1. Rates and charges for tone dialing are included in the basic rate of this service catalog.
2. From time to time the Company may engage in special promotional service offerings designed to attract new customers or to increase existing customers' awareness of a particular service catalog offering. These offerings may be limited to certain dates, times, and/or locations. Terms and conditions of all promotions will be stated in this service catalog.
3. In addition to service catalog promotional offerings, the Company may, in conjunction with a customer service agreement, offer individualized arrangements on a case-by-case basis where necessary to meet prices, terms or conditions of service offered by competitors. In such cases, the prices offered by the Company shall not exceed the prices for similar services contained in this service catalog.
4. Rural Business Service has been discontinued, existing subscribers are billed the Residence rate.
5. Mileage rates may apply for service between buildings.

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address



## LOCAL EXCHANGE SERVICE

## C. CONDITIONS

1. Rates and charges for tone dialing are included in the basic rate of this service catalog.
2. From time to time the Company may engage in special promotional service offerings designed to attract new customers or to increase existing customers' awareness of a particular service catalog offering. These offerings may be limited to certain dates, times, and/or locations. Terms and conditions of all promotions will be stated in this service catalog.
3. In addition to service catalog promotional offerings, the Company may, in conjunction with a customer service agreement, offer individualized arrangements on a case-by-case basis where necessary to meet prices, terms or conditions of service offered by competitors. In such cases, the prices offered by the Company shall not exceed the prices for similar services contained in this service catalog.
4. Rural Business Service has been discontinued, existing subscribers are billed the Residence rate.
5. Mileage rates may apply for service between buildings.

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address

## LOCAL EXCHANGE SERVICE

## A. GENERAL

Central Office Access Lines extend between the central office equipment of the Company and the demarcation point located on the premises of the customer. Rates for Central Office Access Lines are shown in paragraph B. below. The rates and charges contained herein are in addition to all other applicable rates and charges located in other parts of this service catalog.

## B. RATES

EXCHANGE NAME: Little Rock

Includes Extended Area Service To: George

All applicable rates below apply.

|  | Monthly<br>Rate |
|--|-----------------|
| 1. CENTRAL OFFICE ACCESS LINE          |                 |
| a. WITHIN THE BASE RATE AREA           |                 |
| BUSINESS SERVICE                       |                 |
| Individual Line.....                   | \$17.50         |
| Key System Line .....                  | \$17.50         |
| PBX Trunk Line .....                   | \$17.50         |
| RESIDENCE SERVICE                      |                 |
| Individual Line.....                   | \$16.00         |
| 2. PAY TELEPHONE SERVICE               |                 |
| a. PAY CENTRAL OFFICE ACCESS LINE..... | \$17.50         |

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address

## LOCAL EXCHANGE SERVICE

## C. CONDITIONS

1. Rates and charges for tone dialing are included in the basic rate of this service catalog.
2. From time to time the Company may engage in special promotional service offerings designed to attract new customers or to increase existing customers' awareness of a particular service catalog offering. These offerings may be limited to certain dates, times, and/or locations. Terms and conditions of all promotions will be stated in this service catalog.
3. In addition to service catalog promotional offerings, the Company may, in conjunction with a customer service agreement, offer individualized arrangements on a case-by-case basis where necessary to meet prices, terms or conditions of service offered by competitors. In such cases, the prices offered by the Company shall not exceed the prices for similar services contained in this service catalog.
4. Rural Business Service has been discontinued, existing subscribers are billed the Residence rate.
5. Mileage rates may apply for service between buildings.

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address

## LOCAL EXCHANGE SERVICE

## A. GENERAL

Central Office Access Lines extend between the central office equipment of the Company and the demarcation point located on the premises of the customer. Rates for Central Office Access Lines are shown in paragraph B. below. The rates and charges contained herein are in addition to all other applicable rates and charges located in other parts of this service catalog.

## B. RATES

EXCHANGE NAME: Matlock

Includes Extended Area Service To: Sheldon and Boyden

All applicable rates below apply.

|  | Monthly<br>Rate |
|--|-----------------|
| 1. CENTRAL OFFICE ACCESS LINE          |                 |
| a. WITHIN THE BASE RATE AREA           |                 |
| BUSINESS SERVICE                       |                 |
| Individual Line.....                   | \$17.50         |
| Key System Line .....                  | \$17.50         |
| PBX Trunk Line .....                   | \$17.50         |
| RESIDENCE SERVICE                      |                 |
| Individual Line.....                   | \$16.00         |
| 2. PAY TELEPHONE SERVICE               |                 |
| a. PAY CENTRAL OFFICE ACCESS LINE..... | \$17.50         |

ISSUED: December 1, 2014  
Date

EFFECTIVE: January 1, 2015  
Date

BY: Douglas Boone  
Name

CEO  
Title

Sioux Center, Iowa 51250-0200  
Address

## LOCAL EXCHANGE SERVICE

## C. CONDITIONS

1. Rates and charges for tone dialing are included in the basic rate of this service catalog.
2. From time to time the Company may engage in special promotional service offerings designed to attract new customers or to increase existing customers' awareness of a particular service catalog offering. These offerings may be limited to certain dates, times, and/or locations. Terms and conditions of all promotions will be stated in this service catalog.
3. In addition to service catalog promotional offerings, the Company may, in conjunction with a customer service agreement, offer individualized arrangements on a case-by-case basis where necessary to meet prices, terms or conditions of service offered by competitors. In such cases, the prices offered by the Company shall not exceed the prices for similar services contained in this service catalog.
4. Rural Business Service has been discontinued, existing subscribers are billed the Residence rate.
5. Mileage rates may apply for service between buildings.

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address





## LOCAL EXCHANGE SERVICE

## C. CONDITIONS

1. Rates and charges for tone dialing are included in the basic rate of this service catalog.
2. From time to time the Company may engage in special promotional service offerings designed to attract new customers or to increase existing customers' awareness of a particular service catalog offering. These offerings may be limited to certain dates, times, and/or locations. Terms and conditions of all promotions will be stated in this service catalog.
3. In addition to service catalog promotional offerings, the Company may, in conjunction with a customer service agreement, offer individualized arrangements on a case-by-case basis where necessary to meet prices, terms or conditions of service offered by competitors. In such cases, the prices offered by the Company shall not exceed the prices for similar services contained in this service catalog.
4. Rural Business Service has been discontinued, existing subscribers are billed the Residence rate.
5. Mileage rates may apply for service between buildings.

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address

## LOCAL EXCHANGE SERVICE

## A. GENERAL

Central Office Access Lines extend between the central office equipment of the Company and the demarcation point located on the premises of the customer. Rates for Central Office Access Lines are shown in paragraph B. below. The rates and charges contained herein are in addition to all other applicable rates and charges located in other parts of this service catalog.

## B. RATES

EXCHANGE NAME: Sanborn

Includes Extended Area Service To: None

All applicable rates below apply.

|  | Monthly<br>Rate |
|--|-----------------|
| 1. CENTRAL OFFICE ACCESS LINE          |                 |
| a. WITHIN THE BASE RATE AREA           |                 |
| BUSINESS SERVICE                       |                 |
| Individual Line.....                   | \$16.00         |
| Key System Line .....                  | \$16.00         |
| PBX Trunk Line .....                   | \$16.00         |
| RESIDENCE SERVICE                      |                 |
| Individual Line.....                   | \$16.00         |
| 2. PAY TELEPHONE SERVICE               |                 |
| a. PAY CENTRAL OFFICE ACCESS LINE..... | \$16.00         |

ISSUED: December 1, 2014 EFFECTIVE: January 1, 2015  
Date Date

BY: Douglas Boone CEO Sioux Center, Iowa 51250-0200  
Name Title Address



# Low-Income Telephone Assistance Program

## Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.\*

### \*NOTE:

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

## Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) OR participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

# Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: January 2015



Courtesy of:

The Iowa Communications Alliance,  
Iowa Utilities Board, and  
Premier Communications

# 135 percent of federal poverty guidelines

(As of January 22, 2015)

| Number of people living in home | Household Income (at or below) |
|---------------------------------|--------------------------------|
| 1                               | \$15,890                       |
| 2                               | \$21,506                       |
| 3                               | \$27,122                       |
| 4                               | \$32,738                       |
| 5                               | \$38,354                       |
| 6                               | \$43,970                       |
| 7                               | \$49,586                       |
| 8                               | \$55,202                       |
| * For each additional person    | Add \$5,616                    |

## Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:
  - Last year's federal or state income tax return
  - Current annual income statement from employer
  - Paycheck stubs for most recent three consecutive months
  - Social Security statement of benefits
  - Veteran's Administration statement of benefits
  - Retirement or pension statement of benefits
  - Unemployment or worker's compensation statement of benefits
  - Letter of participation in general assistance
  - Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **These documents will not be kept or stored by Premier Communications.**

For questions, please call Premier Communications.



**1. Terms and Conditions.** These General Terms and Conditions govern any and all communications services ("**Service**") and ancillary equipment ("**Equipment**") you order and receive from Mutual Telephone Company of Sioux Center, Iowa d/b/a Premier Communications (together with any subsidiaries or affiliates providing any Service or Equipment, "**we**," "**us**," or the "**Company**"). These General Terms and Conditions of Service are incorporated into your Service Agreement. By ordering and accepting Service, you agree to adhere to these General Terms and Conditions, including any modifications to such terms and conditions as we may communicate to you from time to time. If you fail to comply with these General Terms and Conditions, your Service may be suspended or disconnected.

**2. Additional Terms.** Our Services are diverse, so sometimes additional terms and conditions will apply. For example, Service will or may be subject to (a) your Service Application/Agreement; (b) the Company's Service-specific Terms and Conditions and Service Catalogs (as applicable); (c) the Company's Acceptable Use Policy; and (d) your selected Service Package(s) (items (a)-(d) collectively, the "**Additional Terms**"), each of which you should read carefully before ordering or activating any Service. By accepting Service, you agree to adhere to all Additional Terms applicable to your Service, including any modifications to such terms and conditions as we may communicate to you from time to time. If you fail to comply with any applicable Additional Terms, your Service may be suspended or disconnected.

**3. Rates; Invoicing.** Nonrecurring and recurring charges for Service are as set forth in your selected Service Package and/or the rate schedules maintained by the Company, current versions of which are available upon request. All Service charges, along with applicable local, state and federal taxes, regulatory assessments, fees and charges, cost recovery charges and other applicable charges and fees will be itemized on your invoice. You must pay all charges for your Service, including all applicable taxes, fees and surcharges, by the due date on the invoice. If you have signed up for electronic billing, we will not mail you a paper invoice. Invoice information will remain available in your account information or by calling us at our customer service number. Failure to pay invoices when due may result in late payment fees of \$10.00 and/or other penalties, including suspension or disconnection of Service. An additional installation charge and/or a minimum service term may be required to restore Service. If we don't receive your payment before the next billing cycle, you agree to pay any costs and expenses associated with our collections efforts, including attorneys' fees. We may charge you an insufficient funds or returned check fee, up to the maximum rate allowed by law, if your check, bank draft, electronic funds transfer, or other order for payment is dishonored or returned for insufficient funds or any other reason. Our acceptance of late or partial payment and late payment charges will not constitute waiver of any of our rights to collect the full amount due.

**4. Service Term.** Depending on the Service Package you select, you may receive Service for an agreed minimum term (your "**Contract Term**"). In the absence of any Contract Term or after any Contract Term has expired, you will receive Service on a month-to-month basis until Service is canceled by you or disconnected by us in accordance with your Service Agreement. If you select a Contract Term, you understand that you have received a special rate and/or we have incurred costs in exchange for your commitment to the full Contract Term. **If your Service is downgraded, canceled or disconnected prior to the end of a 2-year Contract Term, you may be charged an early termination fee ("ETF") of \$150, minus \$6.25 for each full month of your Contract Term that you complete. The ETF for Contract Terms of less than 2-years is prorated (i.e., the ETF for a 1-year term is \$75), with the same \$6.25 per month reduction for each full month completed. If your pricing is based on a bundled package of Service, downgrading, canceling or disconnecting any Service within the bundle may, in addition to an ETF, result in increased pricing for the remaining Services.** ETFs are cumulative and in addition to any other charges or fees you may owe us and any fees or charges that we may charge upon cancellation or disconnection of Service.

**5. Changes to Terms.** We reserve the right to change these General Terms and Conditions upon thirty (30) days written notice to you. The notice may be provided on your monthly bill, as a bill insert, by email, on our website, or by other written communication. You may, upon receipt of notice of such change, cancel your Service Agreement; provided that no early termination fee will apply if the communicated change would materially adversely modify the terms (including price) of Service or your rights under your Service Agreement. If you elect not to cancel your Service Agreement and continue to use Service after receiving notice of such changes, your continued use of Service will constitute acceptance of the changed terms and conditions.

**6. Credit Check; Deposits.** In connection with your request or application for any Service, we may conduct an investigation into your credit-worthiness, including obtaining one or more reports or ratings from one or more independent credit reporting or credit scoring agencies. We may require a deposit for you to establish Service or obtain Equipment. The deposit amount, the length of time we hold the deposit and changes to the deposit amount are determined based on your credit and payment history and any applicable laws or regulations. If Service is canceled or disconnected for any reason, we may, subject to applicable law and regulations, apply your deposit toward payment of outstanding charges.



**7. Service Accounts.** Service accounts are assigned to customers only, and the customer in whose name the account is established will be treated as the account owner for all purposes. Account owners may designate one or more “authorized users” who will have access to account information and may make certain account changes in accordance with our policies. As the owner of the account, you are responsible for designating (or changing the designation) of any authorized users. You will hold the Company harmless from any claims arising from account instructions given or inquiries made by you or any authorized user. You may not assign or transfer your rights or obligations under your Service Agreement without our express written consent. Unless consent is granted, all accounts must be closed and reopened under the name of a new customer for issuance of a new account number. You are responsible for keeping all billing data with the Company up-to-date and accurate. Furnishing false data to the Company is grounds for immediate disconnection of service and may subject you to civil or criminal liability.

**8. Equipment.** Equipment is provided to you for the term of Service and solely for your use in connection with lawfully receiving and using Service. We may from time to time sell you certain Equipment at a price and otherwise on such terms as are specified in a purchase order or equipment purchase agreement. Ownership of, and title to, any purchased Equipment shall transfer to you at the time of sale. You will bear all risk of loss, theft or damage to purchased Equipment. We may from time to time lease to you certain Equipment at a price and otherwise on such terms as specified in a service order or equipment lease. In connection with certain Service Packages, Equipment may be licensed to you at no additional charge. All leased or licensed Equipment remains the property of the Company and must be maintained and returned as provided herein. You may elect to independently acquire or supply equipment (“**Customer Supplied Equipment**” or “**CSE**”) instead of buying, leasing or using Equipment provided directly by us. The Company shall not be responsible in any way for the compatibility or fitness for use of any CSE, including any end-user devices. We will install Equipment provided by us in accordance with our policies as in effect from time to time. You acknowledge that the Company is not the manufacturer of, nor a dealer in, any Equipment.

**9. Access to Premises.** We may enter into, upon and over your premises periodically during the term of this Agreement to install, connect, inspect, maintain, repair, alter, disconnect and remove Equipment and facilities. To the extent the same is consistent with your ownership of the premises, you grant the Company a temporary and permanent easement to construct, install, maintain, and/or replace Service facilities and to install, connect, inspect, maintain, repair, alter, disconnect and remove all Equipment necessary to provide Service. In the event you are not the owner of the premises upon which installation is requested, you warrant to the Company that you have obtained the consent of the owner of the premises for the Company to install and maintain its Equipment as contemplated herein.

**10. Safekeeping of Equipment.** You are responsible for the safekeeping of all Equipment placed in or on your premises. The Company has no responsibility for replacing Equipment destroyed or damaged by your misuse, abuse or neglect. In the event that any Equipment provided by the Company is destroyed, damaged (ordinary wear and tear excepted), lost or stolen while in your possession, you may be liable to the Company for an equipment recovery fee (“**ERF**”) up to the full cost of repair or replacement of such Equipment.

**11. Return of Equipment.** If you cancel Service or if Service is disconnected by us, then you must return any leased or licensed Equipment to the Company during regular business hours, Monday through Friday (except holidays), within twenty (20) days of the cancellation or disconnection of Service. **Do not return Equipment by mail or delivery service.** The Equipment must be returned to the Company in the same condition that you received it, except for normal wear and tear. All Equipment must be returned to the Company’s business office or an alternative location designated by the Company at the time of cancellation or disconnection. If you are unable to travel to the Company’s business office or other designated location to return the Equipment, you may request pick-up. Provision of pick-up service is solely at the Company’s option and the Company’s refusal or failure to provide pick-up service will not excuse your obligation to return Equipment. If the Company agrees to provide pick-up service, pick-up will occur during the business week and only during regular business hours. There may be a fee for pick-up, which you will be informed of when you request pick-up service and which will be payable at time of pick-up. If after twenty (20) days from cancellation or disconnection of Service, any leased or licensed Equipment has not been returned to the Company, you may be liable to the Company for an ERF in an amount up to the full cost of replacement of such Equipment. ERFs are cumulative and in addition to any other charges or fees you may owe us and any fees or charges that we may charge upon cancellation or disconnection of Service.

**12. Service and Repairs.** The Company undertakes reasonable efforts to maintain its network and respond to service or trouble calls in a timely manner. The Company will use commercially reasonable efforts to repair damage to Company-provided Equipment or interruption of Service due to reasonable wear and tear or technical malfunction.

**13. Indemnification.** You agree to hold harmless and indemnify us and our affiliates, officers, agents and employees from any claim, suit or action arising from or related to your abuse or misuse of any Service or Equipment, or any other violation of your Service Agreement, including any liability or expense arising from claims, losses, damages, suits, judgments, litigation costs and attorneys' fees arising from or in connection with the same.

**14. Disclaimer of Warranties.** WE MAKE NO WARRANTIES WITH RESPECT TO ANY SERVICE OR EQUIPMENT, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTIES CONCERNING THE SPECIFIC FUNCTION OF ANY SERVICE OR EQUIPMENT, OR THEIR RELIABILITY, AVAILABILITY, OR ABILITY TO MEET YOUR SPECIFIC NEEDS. TO THE EXTENT PERMITTED BY LAW, WE EXPRESSLY DISCLAIM ALL IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO IMPLIED WARRANTIES OF SATISFACTORY QUALITY, NON-INFRINGEMENT, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

**15. Limitation on Remedies.** The Company shall not be liable for any delay or failure to provide Service at any time or from time to time, or any interruption or degradation of Service quality that is caused by any of the following:

- an act or omission of an underlying carrier, service or content provider, vendor or other third party;
- Equipment, network or facility failure;
- Equipment, network or facility upgrade or modification;
- force majeure events such as (but not limited to) acts of God, acts of nature, strikes, fire, war, riot, acts of terrorism and government actions;
- Equipment, network or facility shortage;
- Equipment or facility relocation;
- Service, Equipment, network or facility failure caused by the loss of power;
- any act or omission by you or any person using your Service or Equipment; or
- any other cause that is beyond the Company's control, including, without limitation, a failure of or defect in any hardware, software or Equipment.

TO THE EXTENT PERMITTED BY LAW, OUR TOTAL LIABILITY FOR ANY CLAIM UNDER YOUR SERVICE AGREEMENT, INCLUDING FOR ANY EXPRESS OR IMPLIED WARRANTIES, IS LIMITED TO THE AMOUNT YOU PAID US FOR THE SERVICES OR EQUIPMENT WE PROVIDED, WHETHER SUCH CLAIM OR REMEDY IS SOUGHT IN CONTRACT OR TORT, INCLUDING NEGLIGENCE, STRICT LIABILITY OR OTHERWISE. TO THE EXTENT PERMITTED BY LAW, WE SHALL NOT BE LIABLE TO YOU FOR ANY CONSEQUENTIAL, INCIDENTAL, INDIRECT, PUNITIVE, SPECIAL OR TREBLED OR ENHANCED DAMAGES, INCLUDING, BUT NOT LIMITED TO LOST PROFITS, LOST BUSINESS, OR OTHER COMMERCIAL OR ECONOMIC LOSS, WHETHER SUCH DAMAGES ARE CLAIMED FOR BREACH OF CONTRACT, NEGLIGENCE OR OTHERWISE AND WHETHER OR NOT WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

**16. Conflicts of Terms.** Your Service Agreement and our contractual relationship with you shall be governed by and construed in accordance with the substantive laws of the State of Iowa, without regard to the principles of conflicts of law. Any conflict among or between the terms and making up your Service Agreement will be resolved in accordance with the following order of precedence (from highest to lowest priority):

- (a) your Service Application/Agreement, including the terms of your selected Service Package;
- (b) the Service-Specific Terms and Conditions for each Service and our Service Catalogs;
- (c) our Acceptable Use Policy; and
- (d) these General Terms and Conditions of Service.



Line 3010: Progress Report on 5 Year Plan – Milestone Certification

Northern Iowa Telephone Company (“Company”) certifies that it has taken reasonable steps to provide, upon reasonable request, broadband service at actual speeds of 4 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time. Company will continually provide service as requested to new residential and business structures within its service territory as long as Company can cost-effectively extend a voice and broadband-capable network to that location requesting service. In determining cost-effectiveness, Company considers anticipated end-user revenues as well as federal universal service funding. Company views unreasonable requests as those which the incremental cost of undertaking the necessary upgrades to the location exceed the revenues that could be expected.

Names and Addresses of Community Anchor Institutions With Broadband Available:

| Number | Name                                 | Address                                  |
|--------|--------------------------------------|--|
| 1      | Spalding Catholic High School        | 521 Broad St., Granville, IA 51022       |
| 2      | Spalding Catholic Junior High School | 617 Broad St., Granville, IA 51022       |
| 3      | Hinton Community School              | 315 W. Grand St., Hinton, IA 51024       |
| 4      | Grace Evangelical Church             | 109 N. Prospect Ave., Hinton, IA 51024   |
| 5      | Trinity Lutheran Church              | 29014 Lake Ave., Hinton, IA 51024        |
| 6      | United Methodist Church              | 201 W. Grand St., Hinton, IA 51024       |
| 7      | Little Rock Community School         | 134 1st Ave., Little Rock, IA 51243      |
| 8      | Little Rock Library                  | 402 Main St., Little Rock, IA 51243      |
| 9      | Presbyterian First Church            | 503 Fisher St., Little Rock, IA 51243    |
| 10     | Salem Reformed Church                | 123 1st Ave., Little Rock, IA 51243      |
| 11     | Bethel Reformed Church               | 1295 Kennedy Ave., Little Rock, IA 51243 |
| 12     | First Reformed Church                | 410 Main St., Maurice, IA 51036          |
| 13     | Learning Tree Preschool              | 102 Prospect St., Sanborn, IA 51248      |
| 14     | Sanborn Christian School             | 405 W. 2nd St., Sanborn, IA 51248        |
| 15     | Sanborn Public Library               | 407 Main St. N, Sanborn, IA 51248        |
| 16     | Sanford Sheldon Sanborn Clinic       | 321 Main St., Sanborn, IA 51248          |
| 17     | St. Cecilia's Catholic Church        | 310 4th St. E. Sanborn, IA 51248         |
| 18     | Christian Reformed Church            | 208 N. Western St., Sanborn, IA 51248    |
| 19     | Grace Evangelical Free Church        | 210 Main St., Sanborn, IA 51248          |
| 20     | St. John's Lutheran Church           | 305 Angie St., Sanborn, IA 51248         |
| 21     | St. Andrew's United Methodist Church | 604 Sunrise Ave., Sanborn, IA 51248      |
| 22     | Presbyterian Church                  | 410 Franklin St., Sanborn, IA 51248      |
| 23     | Cornerstone United Reformed Church   | 805 Sunrise Ave., Sanborn, IA 51248      |
| 24     | First Reformed Church                | 512 Summit St., Sanborn, IA 51248        |
| 25     | Sanborn Police Dept.                 | 102 Main St., Sanborn, IA 51248          |
| 26     | HMS Middle School                    | 509 Main St., Sanborn, IA 51248          |

\*Community Anchor Institutions included in list above are schools, libraries, medical and healthcare providers, community colleges and other institutions of higher education, and other community support organizations and entities

**REDACTED – FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 3026**

**ATTACHMENT REDACTED IN ENTIRETY**